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## FACSIMILE COVER SHEET

DATE: October 20, 2005  
TO: Examiner HIRL, Joseph P. FAX NO.: 571-273-8300  
USPTO GPAU 2129  
FROM: John R. Schell */W/Ande*  
Reg. No. 50,776  
RE: ISSUE FEE PAYMENT – PLEASE FORWARD TO PUBLICATIONS

U.S. APP NO.: 09/690,354  
FILING DATE: 10/17/2000  
APPLICANT(S): Risto Miikkulainen et al.  
ATTY DKT NO.: 1039-0020  
TITLE: SYSTEMS AND METHODS FOR ADAPTIVE MEDICAL  
DECISION SUPPORT  
NO. OF PAGES (INCL. COVER SHEET): 15

### MESSAGE:

Attached please find:

- PTO/SB/21 Transmittal Form (1 pg.)
- PTOL 85-B Issue Fee Transmittal (1 pg.)
- Amendment After Allowance (\$1.312 – 12 pgs.)

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PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/690,354
Filing Date	10/17/2000
First Named Inventor	Risto Mikkulainen
Art Unit	2129
Examiner Name	HIRL, Joseph P.
Total Number of Pages in This Submission	14
Attorney Docket Number	1039-0020

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> PTOL85-B Issue Fee <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input checked="" type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Amendment After Allowance (37 C.F.R. §1.312) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC <input type="checkbox"/> (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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